

THE FOLLOWING CONFIDENTIAL INFORMATION IS USED TO ENSURE PROPER IDENTIFICATION

Child Support Recipient Information (Please Print)			
Name: First Name	Middle Initial	Last Name	
Address		Apartment#	
City	State	Country	Zip Code
Home Telephone (Area Code Required)	Work Telephone (Area Code Required)	Date of Birth (19YY/MM/DD)	
(Outside US include country and city code for Home and Work numbers.)			
Social Security Number	Other legal form of I.D. if Social Security Number not available (i.e. passport# US 1234567		
Mother's Maiden Name (Last name only before married):			
I authorize the State of Maryland's STO, and the DHR to deposit my support monies to the CashPay Visa card number named above. This authorization is to remain in force until the CSEA receives written notification from me of its termination in time and manner that allows the CSEA and CashPay a reasonable opportunity to act upon it. In the event that the CSEA notifies CashPay that funds to which I am not entitled have been deposited to my account in error, I hereby, authorize and direct CashPay to return said funds to the CSEA as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the CashPay to the CSEA is not possible, I authorize the CSEA to recover those funds by off setting the amount erroneously paid me from any future payments from the CSEA until the amount of the erroneous deposit has been recovered, in full.			
_____ Initial & Date			

State of Maryland, Child Support Enforcement Agency (All fields must be completed and submitted by a CSEA representative.)			
CSEA Office			
CSEA Office Name & Address			
City	State	Country	Zip Code
Phone Number (Area Code Required)	Fax Number (Area Code Required)		Outside US include country and city code for Phone and Fax numbers
<p><u>Certification of Company</u> By providing to Bank of America enrollment information to establish a CashPay account for the above-described recipient of payments from the Company (the "Payee"), I certify that the following statements are true and accurate: 1. As of the date of request for a CashPay account, the Payee is entitled to payments issued by the Company, and is otherwise qualified to participate in the CashPay program. 2. That all information provided about the Payee is correct, including the Payee's date of birth, address, and Social Security Number or information from another form of identification issued by a governmental entity 3. That if the Payee is to receive wage payments through a CashPay account, the Payee is legally employable in the United States. (Payee is a US citizen or is a resident alien legally authorized to work in the United States.) 4. That I have given to the Payee the explanatory information for the CashPay program that has been provided by Bank of America.</p> <p>I agree to notify Bank of America promptly of any changes to the information about the Payee that has been submitted as part of CashPay enrollment. The program will also accept changes to information from the Employee.</p>			
Name of Authorized Company Representative	Title		Signature
Please Protect – Confidential Information			